Clinical strategies for maximizing the placebo effect

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To the Editor:

The survey of family physicians regarding their use of placebos and their promotion of the placebo effects from Kerman et al.[1] is another contribution to round off the picture of placebo use of health professionals.[2] The authors concluded that "physicians' more sophisticated understanding of the mind-body connection has not translated into optimal clinical strategies for maximizing the placebo effect while avoiding harm." I suppose that many physicians already know some strategies to harness placebo effects as confirmed by the current survey: listening carefully, expressing concern for the patient, spending extra time with a patient, etc. But this takes time. In many countries, the financial compensation for talking to patients is almost ridiculously low compared to the compensation e.g. for diagnostic procedures. The medical faculty should not stop aiming towards a fair compensation for the physician-patient interaction. A big challenge for physicians is to use this time properly.

Furthermore, if we think about clinical strategies for maximizing the placebo effect, we inevitably arrive at the question of the integration of complementary and alternative medicine (CAM) into orthodox medicine. Many scientists assume that the clinical effects of CAM are mainly or exclusively due to placebo or context effects. Given the high popularity of CAM treatments like acupuncture or homeopathy, we should think about whether we should try to develop criteria for the circumstances under which it would be acceptable that physicians harness placebo effects by using CAM. The whole issue number 12 of The American Journal of Bioethics in 2009 discussed the pros and cons of the AMAs' report on placebo use in clinical practice, but the link to CAM was not mentioned or explored.[3]

Another consideration refers to the question of circumstances of placebo use in the survey of Kerman et al. The authors included nine different circumstances of placebo use in that question but forgot the possibility that by using placebo treatments, the physician can intend to receive a therapeutic advantage by the placebo effect. In our Swiss survey of primary care providers, 48% of the participants admitted to having this intention – a percentage that is higher than all the other mentioned circumstances.[4] Without including this point in the addressed question, the image can arise that family physicians mostly use placebo treatments to serve their own interests, e.g. to get rid of demanding and difficult patients.

Prudent recommendations from medical authorities might be useful to help physicians reflect and avoid unprofessional behavior like using placebos as diagnostic tools or getting patients to stop complaining. Such recommendations could point out strategies for maximizing placebo effects and give examples for appropriate informed consent to treatments which are not evidence based but could help patients by supporting their self healing capabilities.

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